NC Medicaid Managed Care County Playbook



Fact Sheet Standard Plan and Behavioral Health I/DD Tailored Plan Services

An overview of the services offered by the Standard Plan and Tailored Plan.

NC Medicaid Managed Care includes Standard Plans, which are health plans that offer integrated physical health, pharmacy, care coordination and basic behavioral health services and Tailored Plans, which are health plans that offer integrated physical health, pharmacy, care coordination and behavioral health services for members who may have significant behavioral health and substance abuse disorders, intellectual/developmental disabilities (I/DDs) and traumatic brain injuries (TBIs). Standard Plans launched July 1, 2021. Tailored Plans will launch October 1, 2023.

WHO QUALIFIES FOR A TAILORED PLAN?

NC Medicaid has identified beneficiaries who qualify for Tailored Plans. DSS staff can identify these beneficiaries in NC FAST using the "Managed Care Status" field. Identification for Tailored Plan enrollment is ongoing and beneficiary records will continue to be updated.

Most beneficiaries who qualify for Tailored Plans will remain in NC Medicaid Direct until October 1, 2023, unless they choose a Standard Plan (if applicable).

Standard Plans offer some basic behavioral health services, while Tailored Plans offer enhanced behavioral health, I/DD and TBI services.

Behavioral Health, I/DD and TBI Services Enhanced behavioral health services are italicized	
Standard Plans AND Tailored Plans	Tailored Plans ONLY
State Plan Services	State Plan Services
Inpatient behavioral health services	Residential treatment facility services
Outpatient behavioral health emergency department	Child and adolescent day treatment services
services	Intensive in-home services
 Outpatient behavioral health services provided by direct-enrolled providers 	Multi-systemic therapy services
Psychological services in health departments and school-based health centers sponsored by health departments	Psychiatric residential treatment facilities (PRTFs)
	Assertive community treatment (ACT)
	Community support team (CST)
Peer supports	Psychosocial rehabilitation
Partial hospitalization	Substance abuse non-medical community
Mobile crisis management	residential treatment
 Facility-based crisis services for children and adolescents 	Substance abuse medically monitored residential treatment
 Professional treatment services in facility-based crisis program 	Substance abuse intensive outpatient program (SAIOP)
Outpatient opioid treatment	Substance abuse comprehensive outpatient treatment program (SACOT)
Ambulatory detoxification	
 Research-based intensive behavioral health treatment for autism spectrum disorder 	 Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
Diagnostic assessment	Waiver Services
Non-hospital medical detoxification	Innovations Waiver services
Medically supervised or alcohol and drug abuse	TBI Waiver services
treatment center (ADATC) detoxification crisis stabilization Early Periodic Screening, Diagnostic and Treatment	1915(b)(3)services – additional support services that focus on helping beneficiaries remain in their homes and communities
(EPSDT)	State-funded Behavioral Health and I/DD Services (non-Medicaid)
	State-funded TBI Services (non-Medicaid)

Note:

- Innovations and TBI Waiver services are only available to individuals enrolled in the Innovations or TBI Waiver program.
- Innovations or TBI Waiver beneficiaries who are also dual eligible will be enrolled in the Tailored Plan.
- State-funded services are different for each Tailored Plan.
- Beneficiaries on the Health Insurance Premium Payment program (HIPP) will not lose HIPP due to Tailored Plan enrollment. Innovations and TBI Waiver beneficiaries who are also on HIPP will be enrolled in the Tailored Plan.
- Please refer to Appendix B Behavioral Health I/DD Tailored Plan Criteria for additional information.
- · Behavioral health serivces refer to mental health and substance abuse disorders

